



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

ARIS AUTO INC
C/O GEORGE VARELIS
675 SOMERVILLE AVE
SOMERVILLE, MA 02143

License #: **603**

City # **G245**

Fee: **550.00**

Account ID: **491**

Reference #: **603**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For ARIS AUTO INC. Business Location: 3 CRAIGIE ST Business Phone: 617-776-9247	
License Holder: ARIS AUTO INC. 3 CRAIGIE ST SOMERVILLE, MA 02143 617-776-9247	
Mailing Address: ARIS AUTO INC 675 SOMERVILLE AVE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GEORGE VARELIS SECRETARY - GEORGE VARELIS	
FID: 042831606	
Food Manager/Emergency Contact: GEORGE VARELIS 781-526-1784	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- | | |
|-----------------------------|---------------------------|
| 1 MECHANICAL REPAIRS | 8 VEHICLES OUTSIDE |
| 11 VEHICLES | |
| 3 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 12/21/2006. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature:  Date: **4/25/2013**

Print Name: **GEORGE VARELIS** Phone: **617-776-9247**

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: ARIS Auto INC
Address: 675 SOMERVILLE AVE
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-776-9247
☒ I am an employer with 10 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: NORFOLK and DEDHAM GROUP
Address: DORCHESTER MUTUAL INSURANCE 199.2 AMES ST DEDHAM, MA 02026
City: DEDHAM State: MA Zip: 02026 Phone #: 781-431-2500
Policy #: WE128546A Expiration Date: 07/27/13

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 4/25/13

Print Name: GEORGE VARELIS

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

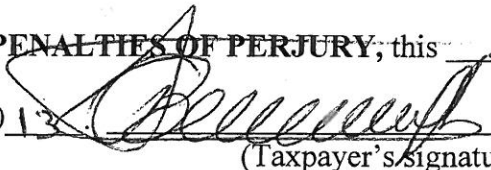
Exact name of taxpayer/applicant's business: GEORGE VARELIS

Address of taxpayer/applicant's business in Somerville: 675 SOMERVILLE AVE

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-716-9241 evening: 781-526-1784

I, (print name) GEORGE VARELIS, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 25 day of
APRIL, 2013. 
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

13792 # 249012001 # 1181 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

